

15 Key Buprenorphine Dosing Recommendations for Jail-Based Treatment Programs

Corrections staff cite diversion of medication for opioid use disorder (MOUD) (e.g., buprenorphine) as a reason for not offering treatment with these medications in jails and prisons. In a 2023 study, researchers from the University of Massachusetts outline key steps MOUD program staff can implement to prevent diversion. The study also provides guidance to corrections and lawmakers as they consider establishing and expanding MOUD treatment in correctional settings.

Dispensing Preparation

The staff should ensure:

- Patients are seen in small groups of 10-15 at a time in the dosing room.
- A correctional officer informs patients of the rules, which are also posted in the room.
- Patients remove their shirts and dentures and then sit down in a single line on their hands. Shirt pockets and dentures have shown to pose potential diversion risks.
- An officer checks each patient's ID and verifies their identity with the nurse.

Dispensing Process

While dispensing buprenorphine the nurse:

- Checks the electronic medical record for each patient's dosage amount, dispenses the correct number of tablets into a cup, and prepares each dose by crushing it into a powder and returning it to the cup.
- Walks to each patient and has them drink some water and then places their medication under the tongue.



Supervision Following Medication Initiation

Immediately after dispensing buprenorphine:

- The patient continues to sit still on their hands (or with their hands in their lap) for 15 minutes while the medication dissolves under their tongue and is absorbed, during which time the patient cannot talk or swallow.
- A correctional officer watches the patients for the entire time to detect indications of potential diversion such as spitting, talking, moving of their hands or face, fidgeting/restlessness/squirming, or putting things in their mouth.

Ensuring Proper Consumption

With the aim of ensuring incarcerated individuals do not divert the buprenorphine:

- The nurse escorts each patient to a nearby bathroom or trash can.
- The patient spits into a sink or trash can and the nurse checks the saliva for an orange tinge. If there is nothing to spit out or there is no orange tinge then the patient has swallowed the medication (and it will be less effective) or may have tried to divert it.
- The patient rinses their mouth with water, chews and swallows a cracker, and rinses with water again.
- The nurse inspects the patient's hands and does a full mouth check with a flashlight (inspects upper and lower lips, under the tongue, back of tongue and throat).
- The officer does a second mouth check.
- Afterwards, the nurse cleans up the cups and sink and removes all trash that may have had contact with the medication. The trash is never touched by patients and it is immediately disposed of.



Suspected Incidents of Diversion

- Any actual or suspected incidents of diversion are reported and investigated.

Source: Evans, E. A., Pivovarova, E., Stopka, T. J., Santelices, C., Ferguson, W. J., & Friedmann, P. D. (2022). Uncommon and preventable: Perceptions of diversion of medication for opioid use disorder in jail. *Journal of substance abuse treatment*, 138, 108746. [Add a little bit of body text](#)